

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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19						
20	1	1				
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1	6				
30	1					
31	1					
32	1					
33	1					
34	1					
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36	1					
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38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46						
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48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	26					
TOTAL CLAIMS	32					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL DEP.												
TOTAL CLAIMS												